STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295083	A. BUILDING _____ B. WING _____	C 05/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEIGHTS OF SUMMERLIN, LLC	10550 PARK RUN DRIVE LAS VEGAS, NV 89144

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the complaint investigation conducted at your facility on 5/12/10, in accordance with 42 CFR Chapter IV Part 483 Requirements for Long Term Care Facilities. The sample size was five residents. The following complaints were investigated: Complaint #NV00024700 was unsubstantiated. Complaint #NV00024775 was substantiated. See Tag F 157. Complaint #NV00025235 was unsubstantiated. Complaint #NV00025218 was unsubstantiated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	F 000		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment	F 157		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	Continued From page 1 significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure staff notified the physician of a critical lab value for 1 of 5 residents (Resident #1). Findings include: Resident #1 was admitted to the facility on 3/19/08 with several re-admission dates. His diagnoses included pressure ulcers, chronic kidney disorder, congestive heart failure, and diabetes. Review of Resident #1's record revealed on 2/26/10, an order was written to increase his Lasix to 80 mg (milligrams) twice a day for five	F 157		

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F 157	Continued From page 2	F 157		

days and to increase his Potassium Chloride to 40 mEq (milliequivalents) twice a day for five days. Resident #1 was to be weighed on 3/3/10 and resume his previous orders at that time.

On 2/27/10 at 6:00 AM, Resident #1's labs were drawn; he had a critical high potassium level of 6.3 (normal reference range is 3.6 - 5.6). The lab report documented that the lab staff attempted to call the facility, was put on hold, and the critical level was faxed to the facility at 1:10 PM on 2/27/10.

Record review revealed on 2/27/10, a telephone order was written for Resident #1 to have a chest x-ray to rule out congestive heart failure. Further review failed to reveal evidence that the facility notified a physician of the critical potassium level. Review of the medication administration records revealed Resident #1 received Potassium Chloride 80 mEq at 5:00 PM on 2/27/10.

Review of the nursing notes revealed on 2/27/10 at 11:25 PM, Resident #1's vital signs were taken and were within normal limits. At 11:50 PM, the resident was found unresponsive, CPR was initiated, and the resident was transferred to a hospital where he expired.

On 5/12/10, the Director of Nurses was interviewed. She reported she would investigate why the physician was not notified of the critical lab results. On 5/13/10, she reported the day or evening shift nurse did not recall receiving a call or the fax. She reported the night nurse found the fax when she was putting Resident #1's chart together for transfer.